PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Secretary of State REINSTATEMENT 07 JUN -4 AM II: 39 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA 01000017832 DOCUMENT# Toledo Development Cops REINSTATEMENT 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address CR2E081 (1/07) 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For Not Applicable Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the registered agent of the above named corporation, am Signature of Registered Agent REGISTERED SENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip 400104259044

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form to not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07 186-301.